**Classification Review Request Form**

You must complete the following form, including additional questions on page two, and attached relevant classification specifications. All reconsideration requests should be sent by the requesting party via email to the Business Operations Manager.

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| **Employee Name:** Click or tap here to enter text. | **Division: Choose an item.** |
| **Current Classification:**Click or tap here to enter text. | **Current Bargaining Unit:**Choose an item. |
| **Supervisor’s Name:** Click or tap here to enter text. |

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| **Proposed Classification:****Deputy Ombudsman** | **Proposed Classification Bargaining Unit: Non-represented** |
| **Have you previously requested a classification review? Yes** [ ]  **No** [ ]  **If yes, when was your last request?** Click or tap to enter a date.**What significant changes have occurred in your duties and responsibilities since your last request?**Click or tap here to enter text. |

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| **Requesting Party:** Click or tap here to enter text.*Please type the name of the person (employee or supervisor) requesting the classification review. Please do not print this form to sign.* | **Date:** Click or tap to enter a date. |

| **Classification Specification Comparison** |
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| *Please attach the classification specification for current and proposed classification. If you have completed a position description recently, please attach.**Using both classifications, please briefly compare the stated job duties with the specific duties of your position.* |
| **Duties of Position**  | **Current Classifications** | **Proposed Classification** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Supplemental Questions**  |
| 1. Briefly explain the reason for the request.

Click or tap here to enter text. |
| 1. Describe the major duties and responsibilities of the position, including tools used and work product.

Click or tap here to enter text. |
| 1. Describe typical decisions and the consequences for error:

Click or tap here to enter text. |
| 1. Type and frequency of contact with the public, co-workers, or other organizations:

Click or tap here to enter text. |
| 1. What type and manner of supervision does the employee receive?

Click or tap here to enter text. |
| 1. What knowledge, skills, and abilities are needed at the time of appointment to successfully perform the major duties and responsibilities for the position?

Click or tap here to enter text. |